

Homeownership Assistance/ Rental Housing Project Set-Up Report

U.S. Department of Housing
and Urban Development
Office of Community Planning
and Development

OMB Approval No. 2501-0013
(Exp. 11/30/2001)

Home Program for Disaster Areas Cash & Management Information System

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Note: Complete for all Homeownership Assistance/Rental Housing Projects and send the completed form to:

HOME PROGRAM, ATTN: Disaster Funds, P.O. Box 23997, L'Enfant
Plaza Station, Washington, D.C. 20026.

Check the Appropriate Box

☐ Original Submission ☐ Change Owner's Address
☐ Ownership Transfer ☐ Revision

Part A

1. Project Number	2. Name of Participant	6. HOME Disaster Funds for Project	
		a. Total Funds Requested \$	
3. Participant Tax ID Number		b. Participant Number	c. Dollar Amount of Funds
			\$
5. Type of Project			\$
(3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Substantial Rehabilitation			\$
(4) <input type="checkbox"/> Moderate Rehabilitation (6) <input type="checkbox"/> New Construction			\$
8. Name & Phone Number (including Area Code) of Person Completing Form			\$
			\$
		7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds)	
		\$	

Part B: Project Information

1. Street Address of Project						
1a. City		1b. State		1c. Zip Code		
2. Name of Owner		2a. Last Name		2b. First Name		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						
3. Mailing Address of Owner						
3a. City		3b. State		3c. Zip Code		
3d. Phone (Include Area Code)		4. Name of Firm (if applicable)		5. Total Units in Project Prior to Assistance		6. Estimated Units Upon Completion
						7. Total HOME-Assisted Units Upon Completion
8. Type of Ownership (Check one box)		9. Tenure Type (Check one box only)				11. County Code (to be completed by Centralized States only)
(1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit		(1) <input type="checkbox"/> Rental				
(2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly-Owned		(2) <input type="checkbox"/> Homeownership First-Time Buyer				
(3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other		(3) <input type="checkbox"/> Homeownership Rehabilitation				

Project Address	Project Number
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No. of Bedrooms Code	Occupancy Code	9 - Vacant unit Race/Ethnicity of Head of Household Code	9 - Vacant unit Size of Household Code	9- Vacant unit Type of Household Code	9 - Vacant unit Rental Assistance Code
0 - 0 Bedroom	1 - Tenant	1 - White (non-Hispanic)	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner	2 - Black (non-Hispanic)	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant	3 - Native Amer.	3 - 3 Persons	3 - Related/Single Parent	3 - Other
3 - 3 Bedrooms		4 - Asian/Pacific Islander	4 - 4 Persons	4 - Related/ Two Parent	4 - NoAssistance
4 - 4 Bedrooms	% of Area Median Code	5 - Hispanic (all races)	5 - 5 Persons	5 - Other	9 - Vacant unit
5 - 5 or more Bedrooms	1 - 0 - 30%		6 - 6 Persons		
	2 - 30 - 50%		7 - 7 Persons		
	3 - 50 - 60%		8 - 8 or more Persons		
	4 - 60 - 80%				

Instructions for Completing the Homeownership Assistance / Rental Housing Project Set-Up Report, form HUD-40094-B, HOME Program for Disaster Areas Cash & Management Information System

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. **Mail the original to:**

HOME Program
ATTN: Disaster Funds
P.O. Box 23997
L'Enfant Plaza Station
Washington, DC 20026

Retain the copy.

Applicability. This report form must be completed for each homeownership or rental housing project assisted with HOME disaster relief funds.

Timing. This completed report form must be sent to HUD to set up a project in the HOME disaster funds C/MI system. A report form must be received by HUD before funds may be drawn down for a project. An amended set-up report form should be submitted if a project is revised or if HOME disaster funding for the project is increased or decreased. Where HOME funding is being increased or decreased, show only the change with a plus or minus (+ or -) in front of it. Do not enter the new net amount of HOME funds.

Part A

- 1. Project Number.** Enter a unique 9-digit project number. The first four digits should be the unique identifier number assigned by HUD, followed by the sequential number.
- 2. Name of Participant.** Enter the name of the jurisdiction.
- 3. Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement for Disaster Areas.
- 5. Type of Project.** Check one box to indicate the type of project set-up based on the following definitions: (Use of (1) and (2) has been discontinued as a result of statutory changes eliminating the rental production set-aside.)
 - (3). Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which does not require rehabilitation and which will be used to provide affordable rental or homeownership housing.
 - (4). Moderate Rehabilitation.** The average per unit total rehabilitation cost (HOME disaster funds plus any other funds) of the HOME-assisted units in the project is \$25,000 or less and the project is any project involving (a) the repair or improvement of residential unit(s); (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) adding a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards, (d) the adding of a unit or units within the existing structure, and (e) the acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which requires rehabilitation and which will be used to provide affordable rental housing or homeownership units.
 - (5). Substantial Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project exceeds \$25,000 per unit and the rehabilitation is otherwise consistent with the definition of rehabilitation of residential property as defined above in 5.(4).
 - (6). New Construction.** Any project involving (a) adding units outside the existing walls of the structure, (b) the construction of a new residential unit(s), (c) the acquisition of land or the demolition of an existing structure for the purpose of constructing a new structure with HOME disaster funds, and (d) acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

Note: When projects combine new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e., rehabilitation or new construction), must be administratively set up as separate projects in the HOME disaster funds C/MI System.

6. HOME Disaster Funds for Project.

- a. Enter the total amount of HOME disaster funds requested for the project.
- b. Enter the participant number for each grant and fiscal year source of HOME disaster funds committed for the project.
- c. Indicate the amount of HOME disaster funds from each fiscal year by participant number.

7. Total Estimated Cost of Project (HOME disaster-assisted units, including other public/private funds).

Enter the total estimated cost (hard and soft costs) for the HOME disaster-assisted units in the project, including other public/private funds. (Do not include costs attributable to units in the project that are not HOME disaster-assisted units.)

8. Name & Phone Number (Including Area Code) of Person Completing Form.

Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.

Part B: Project Information

- 1. Street Address of Project.** Self-explanatory.
- 2. Name of Owner.** For projects containing rental units, enter the name of the owner. For single-unit homeownership projects, enter "NA" for not applicable.
- 3. Mailing Address of Owner.** For projects containing rental units, indicate the mailing address of the owner. For single-unit homeownership projects, enter "NA" for not applicable.
- 4. Name of Firm.** For projects containing rental units, if the project is owned by a firm or other organization, enter the name of the firm or organization. Enter the firm address in Item 3 above. For single-unit homeownership projects and other projects which are not owned by a firm, enter "NA" for not applicable.
- 5. Total Units in Project Prior to Assistance.** Enter the total number of units in the project (both HOME disaster -assisted and other units).
- 6. Estimated Units Upon Completion.** Enter the total estimated number of units that will be in the project upon completion (both HOME disaster-assisted and other units).
- 7. Total HOME Disaster-Assisted Units Upon Completion.** Enter the total number of units (upon completion) that will receive HOME disaster assistance.
- 8. Type of Ownership.** Check one box only.
- 9. Tenure Type.** Check one box only. For 2 - 4 unit projects containing both an owner occupant and rental unit(s), check box (2) or (3). For 5 or more unit projects containing an owner occupant and rental units, check box (1). (NOTE: This will affect which completion report is required upon completion.)
- 11. County Code.** To be completed only for centralized State projects. Enter the 3-digit county code for the county in which the project is located.

Part C. Household Characteristics.

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME disaster funds. Complete one line for each unit to be assisted with HOME disaster funds. Enter one code only in each block. If the project is a 1 to 4 unit owner-occupied rental project, provide characteristics for tenants as

well as for the owner. If the unit is occupied, complete all boxes. If information is not available, enter "9." If a unit is unoccupied, enter unit number, number of bedrooms, and total rent. **Do not complete for new construction projects.**

Unit Number. For rental units, enter the unit number of each unit that will receive HOME disaster assistance.

Number of Bedrooms. Enter 0 for single room occupancy (SRO) unit or for efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

Occupancy. Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

Monthly Rent (Including Utilities).

Tenant Contribution. For homeowners, enter 0. For renters enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time HOME disaster funds were committed to the project. If the tenant's rent does not include utilities, or if the tenant's rent includes only partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

Subsidy Amount. For homeowners, enter 0. For renters enter the amount the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter "0."

Total Rent. For homeowners enter 0. For renters enter the total monthly rent (Tenant Payment plus Subsidy Amount).

Note for vacant units: Vacant, but habitable unit: Enter the last known rent in "Total Rent" column or the rent being asked by the owner. Vacant and uninhabitable unit: Enter "0" in "Total Rent" column.

Income Data.

Monthly Gross Income. Enter the monthly gross household income.

Percent of Area Median. For each occupied residential unit, enter one code only based on the following definitions:

1. **0 - 30 Percent of Area Median** means a household whose income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
2. **30 - 50 Percent of Area Median** means a household whose income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
3. **50 - 60 Percent of Area Median** means a household whose income exceeds 50 percent and does not exceed 60 percent of the median

family income for the area, as determined by HUD, with adjustments for smaller and larger families.

4. **60 - 80 Percent of Area Median** means a household whose income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

Household Data

Race/Ethnicity - Head of Household: For each occupied residential unit, enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, but not of Hispanic origin.
2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.
3. **Native American.** A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
4. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
9. **Vacant Unit.** Self-explanatory.

Size of Household. Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

Type of Household: For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.
9. **Vacant Unit.** Self-explanatory.

Rental Assistance: For rental units, enter one code only to indicate the type of assistance being provided to the tenant, or that no assistance is being provided, or that the unit is vacant at the time of project set-up.

1. **Section 8.** Tenants receiving assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME Tenant-Based Rental Assistance.** Tenants receiving rental assistance through the HOME Program.
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs, including rental assistance payments through programs administered by the U.S. Department of Health and Human Services or through departments of social services in States.
4. **No Assistance.** Self-explanatory.
9. **Vacant Unit.** Self-explanatory.